

CALIFORNIA ARTS COUNCIL
STATEMENT OF IN-KIND SERVICES
FOR GENERAL OPERATING SUPPORT GRANT AGREEMENTS

GRANTEE NAME

GRANT NUMBER

GRANT PERIOD

PROVIDER OF GOODS/SERVICES

NAME

DATE

ADDRESS

CONTRACT NAME

CITY

ZIP

DOLLAR VALUE OF GOODS
OR SERVICES \$

() _____
PHONE NUMBER

PROJECT/EVENT/EXPENSE FOR WHICH GOODS OR SERVICES WERE PROVIDED:

ITEMIZATION OF GOODS/SERVICES PROVIDED:

ITEMS	COST PER ITEM	TOTAL

SIGNATURE OF AUTHORIZED PERSON
IN SLPP ORGANIZATION

SIGNATURE OF PROVIDER

SLPP STAFF APPROVAL